

CITY OF HOUSTON BOARDING HOME REGISTRATION

| DATE | Office Use: Certificate # | | | | |
|---|---|--------------------------------|--|--|--|
| Expiration Date | 0011111 | | | | |
| PLEASE PRINT | | | | | |
| Name of Boarding Home Yes, this boarding home is operated under an Assumed Name. At compliance with the Assumed Name Business or Professional Name. No, this boarding home is not operated under an Assumed Name. | Act (IX Busi | the Assumed Nariness and Comme | ne Certificate filed in rce Code, Chapter 36). | | |
| Boarding Home Address | | | | | |
| Boarding Home Address Street Number/Street Name Legal Description of the tract of land on which the boarding home is | located | | | | |
| Harris County Appraisal District (HCAD) number | | | | | |
| Mailing Address PO Box or Street Number/Street Name | | | | | |
| PO Box or Street Number/Street Name | City | State | Zip Code | | |
| Boarding Home Telephone Number | F | Fax Number | | | |
| Owner E-mail address | | | | | |
| Driver's License Number of Operator | | State | | | |
| Owner's Name | Telephor | ie | | | |
| Owner's Street Address | | | | | |
| Owner's Street Address Street Number/Street Name City | , | State | Zip Code | | |
| Owner's Mailing AddressPO Box or Street Number/Street Nan | | | | | |
| PO Box or Street Number/Street Nam Check what applies and provide corresponding documentation. Yes, I am the owner of the tract of land on which the boarding ho | | | Zip Code recorded deed. | | |
| No, I am not the owner. I have been given the <u>legally enforceable</u> operation of the boarding home. Attach a copy of the document to | | , | ract of land for | | |
| Yes, this boarding home is a Texas Corporation. Attach a certific | ed copy of th | e valid Articles of | Incorporation. | | |
| Yes, this boarding home is a Foreign Corporation. Attach a certi Transact business in Texas. | fied copy of | the valid Certifica | te of Authority to | | |
| Yes, this boarding home is a Limited Partnership formed under the Certificate of Limited Partnership filed in the office of the Se | | | alid copy of | | |
| | Yes, this boarding home is a Foreign Limited Partnership. Attach a certified valid copy of the Certificate of Limited Partnership and the qualification documents filed in the Office of the Secretary of State. | | | | |
| Has a fire inspection been requested and paid. Provide receipt. | | | | | |

| 1. | Give the date on which you acquired the boarding home facility | N / 41- | / | /_ | Vaan |
|-----|---|--|--|--|---|
| | | Month | L | D ay | Year |
| 2. | Give the date on which the boarding home began operations | Month | / | / Year | • |
| | | Monui | Day | i cai | |
| 3. | IF you have not begun operations THEN give the expected start-up date. | Month | _/ Day | / | |
| | • | TVIOITEI | | Tour | |
| 4. | What is the maximum number of beds provided at the facility? | | | | |
| 5. | How many beds are currently assigned to residents at the facility? | | | | |
| | | | | | |
| 6. | Describe the type of security and resident monitoring systems curre | ntly used | at the fac | cility. | |
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| | | | | | *************************************** |
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| 7. | Describe the services you provide to residents at the facility. | | | | |
| | a. Community meals Number of meals per day | | | | |
| | ☐ b. Meal preparation ☐ e. Grocery shopping | | | | |
| | ☐ c. Light Housework ☐ f. Money management | | | | |
| | d. Transportation g. Laundry services | | | | |
| 8. | Do you provide assistance with self-administration of medication? | Yes [| No | | |
| 9. | Is this facility in full compliance with Chapter 325 of the Texas H | ealth and | Safety C | ode? | Yes No |
| 1 (|). Have you ever been arrested, charged or convicted for any crimin | al offense | e in this s | tate or a | any other |
| | state or country? Yes No | | | | |
| • | Owner (s) and operator (s) shall consent to and complete state or fe criminal history report for the owner(s) and operator (s). The regist denied, revoked, suspended or denied for renewal if the owner (s) or op been convicted of a criminal offense(s) within the five-year period imm the registration application. Such offense(s) involving fraud, theft, for possession, use of or sale of drugs (except conduct classified as no g | ration for erator(s) o ediately p orgery, reg | a boarding or employereceding to gulating fi | g home f ees of th he date or rearms; | acility may be a facility have of the filing of and involving |



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TEL: FAX: 832-394-8803 832-395-9631

Section. 1-11. Application for permits, licenses, etc.

| | 32.001: | one mag detailed in pare the terms of | Texas Civil Practice and |
|--|--|---|--|
| My name is | | | |
| | (first, middle | and last name), | |
| My date of birth is | | , and | |
| My address is | | | , and |
| | | state, zip code) | |
| | · | | |
| (cor | untry) | | |
| I harra managanal limayylada | a of the statements made in | the application. None of the states | ments are misleading or |
| false. I acknowledge that of deed restrictions or city behalf of a corporation of contents of the application | issuance of the license; permy, state, or federal laws or report any other legal entity or and this declaration and that | the application. None of the states and or certificate does not excuse of egulations. To the extent that this persons, I certify that I have full I am authorized to execute this d | or approve any violation declaration is made on ly advised them of the |
| false. I acknowledge that of deed restrictions or city behalf of a corporation of contents of the application | issuance of the license; permy, state, or federal laws or reor any other legal entity or | nit or certificate does not excuse of egulations. To the extent that this persons, I certify that I have ful t I am authorized to execute this d | or approve any violation declaration is made on ly advised them of the |
| false. I acknowledge that of deed restrictions or city behalf of a corporation of contents of the application. I declare under penalty of | issuance of the license; permy, state, or federal laws or report any other legal entity or and this declaration and that perjury that the foregoing is | nit or certificate does not excuse of egulations. To the extent that this persons, I certify that I have ful t I am authorized to execute this d | or approve any violation declaration is made on ly advised them of the eclaration. |
| false. I acknowledge that of deed restrictions or city behalf of a corporation of contents of the application. I declare under penalty of Executed in | issuance of the license; permy, state, or federal laws or report any other legal entity or and this declaration and that perjury that the foregoing is Cou | nit or certificate does not excuse of egulations. To the extent that this persons, I certify that I have ful t I am authorized to execute this d true and correct. Interpretation of | or approve any violation declaration is made on ly advised them of the eclaration. |
| false. I acknowledge that of deed restrictions or city behalf of a corporation of contents of the application. I declare under penalty of Executed in | issuance of the license; permy, state, or federal laws or report any other legal entity or and this declaration and that perjury that the foregoing is | nit or certificate does not excuse of egulations. To the extent that this persons, I certify that I have ful t I am authorized to execute this d true and correct. nty, State of | or approve any violation declaration is made on ly advised them of the eclaration. |
| false. I acknowledge that of deed restrictions or city behalf of a corporation of contents of the application. I declare under penalty of Executed in | issuance of the license; permy, state, or federal laws or report any other legal entity or and this declaration and that perjury that the foregoing isCou | nit or certificate does not excuse of egulations. To the extent that this persons, I certify that I have ful t I am authorized to execute this d true and correct. nty, State of | or approve any violation declaration is made on ly advised them of the eclaration. |
| false. I acknowledge that of deed restrictions or city behalf of a corporation of contents of the application. I declare under penalty of Executed in | issuance of the license; permy, state, or federal laws or report any other legal entity or and this declaration and that perjury that the foregoing isCou | nit or certificate does not excuse of egulations. To the extent that this persons, I certify that I have ful t I am authorized to execute this d true and correct. nty, State of | or approve any violation declaration is made on ly advised them of the eclaration. |



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Criminal Offense Affidavit

| Before me the undersigned authority on this day personal section of the personal section is a section of the se | onally appe | eared | |
|--|---|--|--|
| (type or legibly print name of affiant) who being first | duly swor | n by me deposed and | I said: |
| I understand and agree that neither the owner (s), nor home facility have been convicted of any of the crimic Code within the five-year period immediately precede further that the owner (s) and operator (s) acknowledge Code shall constitute cause to deny, revoke, suspend, boarding home facility. | inal offense ing the date ge that non | es designated in Section of the accompliance with Se | ion 1-10 (b) (6) of this application, and stating ction 1-10 (b) (6) of this |
| To the extent that this affidavit is made on behalf of myself I certify that I have fully advised them of the execute the same as the act and deed of the applicant | e content o | f this affidavit and t | |
| To certify which, witness my hand and seal of office | this | day of | 20 |
| | | | |
| 7 | Notary pub | lic in and for the Stat | te of Texas |
| 1 | My Commi | ssion expires: | |
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Boarding Home Employee Affidavit

| Before me the undersigned authority on this day | personally appeared | |
|---|---|----|
| (type or legibly print name of affiant) who being | first duly sworn by me deposed and said: | |
| I fully understand and acknowledge that as an enliable under Section 48.052, Texas Human Resou of any resident. | | • |
| To certify which, witness my hand and seal of of | fice this day of | 20 |
| | Notary public in and for the State of Tex | as |
| | My Commission expires: | |